Please type a plus sign (+) inside this box

PTO/SB/82 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## **REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

| Application Number     | 09/699,216        |  |  |  |  |
|------------------------|-------------------|--|--|--|--|
| Filing Date            | 27 October 2000   |  |  |  |  |
| First Named Inventor   | Patrick H. Potega |  |  |  |  |
| Group Art Unit         | 2859              |  |  |  |  |
| Examiner Name          | Gail Verbitsky    |  |  |  |  |
| Attorney Docket Number |                   |  |  |  |  |

| I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:   |                   |                   |       |          |   |            |  |  |  |
|---|-------------------|-------------------|-------|----------|---|------------|--|--|--|
| A Power of Attorney or Authorization of Agent is submitted herewith.  |                   |                   |       |          |   |            |  |  |  |
| OR  |                   |                   |       |          |   |            |  |  |  |
| Please change the correspondence address for the above-identified application to:   |                   |                   |       |          |   |            |  |  |  |
| □ cı  | ıstomer Number    |                   |       |          | Place Customer<br>Number Bar Code<br>Label here |            |  |  |  |
| OR  |                   |                   |       |          |   |            |  |  |  |
| Firm or Individual Nam  | ne Patrick        | Patrick H. Potega |       |          |   |            |  |  |  |
| Address   | 7021 Vi           | 7021 Vicky Avenue |       |          |   |            |  |  |  |
| Address   |                   |                   |       |          |   |            |  |  |  |
| City  | West Hi           | West Hills        |       |          |   |            |  |  |  |
| Country   | U.S.A.            |                   | State | CA       | ZIP   | 91307-2314 |  |  |  |
| Telephone   | 818 340           | ) <b>-7268</b>    | Fax   | 818 887- | 887-3197  |            |  |  |  |
| I am the:   |                   |                   |       |          |   |            |  |  |  |
| XX Applicant/Inventor.  |                   |                   |       |          |   |            |  |  |  |
| Assignee of record of the entire Interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)   |                   |                   |       |          |   |            |  |  |  |
| SIGNATURE of Applicant or Assignee of Record  |                   |                   |       |          |   |            |  |  |  |
| Name  | Patrick H. Potega |                   |       |          |   |            |  |  |  |
| Signature   |                   |                   |       |          |   |            |  |  |  |
| Date  | 24 July 2002      |                   |       |          |   |            |  |  |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |                   |                   |       |          |   |            |  |  |  |
| Total offorms are submitted.  |                   |                   |       |          |   |            |  |  |  |

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.